MSA-PI-74-6 February 26, 1974

State	2	New	Mexico	

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family	Charge Family Size			Liability Period	Frequency of Charge
Income (per mo.)					
	1 or 2	3 or 4	5 or more		
(1)	(2)	( · )	(4)	(5)	(6)
\$150 or less					7
9100 Ot 1651					
151 - 200					
201 250					
201 - 250	<del></del>				
251 - 300					
301 - 350					
351 - 400	1				
`.					
401 - 450					
451 - 500					}
431 300		<del></del>			
501 - 550					
FF1 600					
551 - 600					
601 - 650					
		<u> </u>			
651 - 700					
701 - 750					
		<del> </del>			
751 - 800					
801 - 850					
001 - 010		-			
851 - 900					100
001 050					
901 - 950		<del> </del>		1	
951 - 1000					
		<del> </del>		†	
More than \$1000				1	
	1		···	4/1/74	

Incorp.

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State	New Mexico	-
Effect on recipient of non-posimilar charge:	ayment of enrollment fee, premium	or or
/// Non-payment does not aff	ect eligibility	
	elow:	
	Stree N. M. Submitted 4 R. to: SA PMC GC A	4/1/74 FS-553 111AD-74-4

Fig (Folder) \_\_\_

O molete as indicated